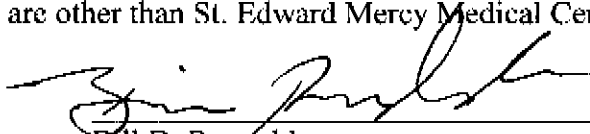


AFFIDAVIT

I, Bill D. Reynolds, do hereby swear and affirm that the identity of the persons and/or entities responsible for reading the EKG ordered by Dr. Keyashian on October 14, 2003 at 0945 which was ultimately completed at 1019 and the identity of the persons and/or entities responsible for communicating the results of the EKG to Dr. Keyashian are unknown. A review of the medical records and investigation thereof does not allow for the identification of the persons and/or entities to be identified if they are other than St. Edward Mercy Medical Center.


Bill D. Reynolds

STATE OF ARKANSAS)
) ss.
COUNTY OF CRAWFORD)

Subscribed and sworn to before me, the undersigned Notary Public, within and for the County and State aforesaid on this 7th day of October, 2005.


Notary Public

My Commission Expires: June 10, 2011

